

97
3/18

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	lwh		04 05 01
FEE DETERMINATION			
O.P.E. CLASSIFIER	E. L. W.	11	3/3/01
FORMALITY REVIEW	110	054	3/12/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ _____ Rejected N _____ Non-elected
 = _____ Allowed I _____ Interference
 - (Through numeral) _____ Canceled A _____ Appeal
 + _____ Restricted O _____ Objected

Claim	Date
1	12/6/01
2	12/6/01
3	12/6/01
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50	12/6/01

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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1/19